MEMBER/OFFICER/EMPLOYEE FINANCIAL DISCLOSURE EXTENSION REQUEST FORM

Name of Requestor: Rep. Di	ana DeGette	Date: _	May 7, 2019	
	Please type or print legibly		£	~3
Employing Member/Committe	e/Office:		. Še	19
Financial Disclosure Statemen Annual (CY 2018)	t Type (check one): Amendment New	Employee	Termination	HAY 21
The length of time for which e			days or specific date	14Y 21 AH 11:49
For Ethics Committee U	se Only			
Days granted: 90		•		
(If days granted differ from da	ys requested) requested execeds 90.		•	
Your request for an extension referenced above is hereby grant as from the original due date. Ple you intend to file using the palater than close of business or that date. Date:	ranted. Your FD must be in ditional requests, which make note that if the date listed uper form, your FD must be	filed on or t ay not, in th ed in this pa e received b	pefore <u>8/13/19</u> e aggregate, exceed 90 ragraph is on a weeker y the Clerk of the Hou	The days and and use no
Theodore E Deutch Chair	4	3/11	bant Ranking Member	

Copy to: Legislative Resource Center, B-81 CHOB

(This page will be publicly disclosed)